

LARRY HOGAN
Governor
BOYD K. RUTHERFORD
Lieutenant Governor

DAVID R. BRINKLEY
Secretary

MARC L. NICOLE
Deputy Secretary

## STATE NOTIFICATION OF MEDICARE INFORMATION

## PLEASE COMPLETE THIS FORM and return to:

Employee Benefits Division 301 W. Preston Street, Room 510 Baltimore, Maryland 21201

Retiree's Name:		Social S	Social Security #:				
Address:	City, State, And Zip:						
Date of Birth:	Ho	me Phone:		Cell Phone:			-
supplemental to Me	dicare Parts A and p health plan, <u>and</u>	B as soon as bo (2) Medicare entit	oth of the following tlement exists either	vidual must be placed criteria are met: (1) mer by having reached a	edical i	insurance	is
supplemental policy Medicare Part A (Fare not enrolled in Fare allowed an eligible retirees and	to Medicare. For lospital) and Part Part B will be respondent) until Part B for Medicare eligible of the overall prescription.	full coverage, the <b>B</b> (Medical). The sible for paying the coverage become de dependent(s) wription drug benefit	Medicare-eligible hose retirees/depe the portion of the ces effective. If presill be automatically	d the retiree group heal retiree or dependent mindents who are eligible claim that Part B would scription coverage is elevation in the States benefits guide or visit the states.	nust <b>en</b> e for M have p ected, a ESI Ma	roll in bo edicare a paid (80% all Medica edicare P	oth and of are art
Elections who is eli	gible for Medicare	. The requested	d information car	nclosed Summary Stance to the reconstruction of the reconstruction, please attach a cop	d, whit	e and bl	ue
Name of Individual with Medicare*	Medicare Number			Part D – Prescription Drug Effective Date	Indicate Reason for Medicare Entitlement (		
	with suffix letter; Ex:123-45-6789-A	<u>Required</u> for full medical coverage)	<u>Required</u> for full medical coverage)	Other than The State Prescription Drug Plan	Age 65+	Disabled	Kidno Failu (ESR
Retiree:							
Spouse:							
Child:							
according to the info	rmation provided in	n the accompanyir	ng letter.	days, your coverage le			
If you have any questoll-free outside the				yee Benefits Division at k you very much.	(410)	767-4775	or
		Retiree's Signatu	ıre	Date			